

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17769

State File No.

Registrar's No.

Registration District No. 107

Primary Registration District No. 3019

1. PLACE OF DEATH:

- (a) County Dunklin
(b) City or town Kennett Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
years, months or days)

In this community

3. (a) PRINT
FULL NAMEOval Middleton

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
Divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

Dec 19 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

33 4 hr. min.

9. Birthplace Smith Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Labor

11. Industry or business

12. Name Oval Middleton
13. Birthplace Smith Mo
(City, town, or county) (State or foreign country)
14. Maiden name Ada Parsons
15. Birthplace Smith Mo
(City, town, or county) (State or foreign country)

16. (a) Informant D. B. Pool

- (b) Address Kennett Mo

17. (a) Burial (b) Date thereof 5-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Smith Mo

18. (a) Signature of funeral director Lyke and Co

- (b) Address Kennett Mo

19. (a) 5-27-43 (b) Johna M. Markush

- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Dunklin
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. R 70 # 21
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1943 hour 5 minute 12 M.

21. I hereby certify that I attended the deceased from Dec
42 to May 7 1943
that I last saw him alive on May 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Island Sarcoma 10 min

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury

23. Signature George G. Gilman D.D. (M.D. or other)
Address Kennett Mo Date signed 5-11-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 643-731

Date Filed 6-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Oval Middleton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 19
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 1 If less than one day min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above. Immediate cause of death Duration

Lymphatic sarcoma
swollen glands
swollen lymph glands
I first seen him

Due to Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? Means of injury

23. Signature George J. Gehring (D. or other)

Address Kennett 1710 Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-17769